

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4881BPR	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/11/2011
NAME OF PROVIDER OR SUPPLIER AKAMAI SENIOR OPTIONS			STREET ADDRESS, CITY, STATE, ZIP CODE 4024 PERFECT LURE STREET LAS VEGAS, NV 89129		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
K 000	<p>Initial Comment</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a complaint survey conducted on your facility from 12/13/10 to 1/11/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>Complaint #NV00026928 - The allegation regarding operating as a Personal Care Assistance Agency (PCA) was substantiated. See Tag K9999. The allegation regarding operating an Adult Group Care Facility was not substantiated through observations, document review and interviews with facility staff.</p> <p>#NV00026928: The complaint investigative process was initiated by the Bureau of Health Care Quality and Compliance on 12/13/10.</p> <p>The investigation for the allegation regarding operating an unlicensed Adult Group Care Facility (AGC) included:</p> <ul style="list-style-type: none"> -Review of the database containing a listing of all licensed facilities which failed to provide information the owner/operator of this facility was connected with another facility. A review of the Clark County Assessor Website which failed to provide evidence the owner/operator of this facility owned other properties. -Observations of the property address connected with this facility type, which failed to provide any evidence elderly individuals were cared for at this address. 	K 000			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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K 000	Continued From page 1 -Interview was conducted with the owner/operator of the agency who stated the home was not an unlicensed AGC. Observations, record review and interview failed to provide any indication the facility was operating as an unlicensed AGC. Additional deficiencies were identified. See Tag K022, K028, K033 and K035.	K 000			
K 022 SS=E	NAC 449.27829 Responsibilities of Referral Agency 2. A referral agency shall not: (a) Accept any fee, inducement or incentive, for any reason, from a residential facility for groups or from any person or entity associated with a residential facility for groups. This Regulation is not met as evidenced by: Based on interview from 12/13/10 to 1/11/11, the facility failed to ensure that fees were not accepted, for any reason, from a residential facility for groups or from any person or entity associated with a residential facility for groups. Findings include: On 12/13/10 during an interview with the owner of Facility #1, she stated this referral agency placed Client #1 in facility #1 approximately one month ago. The owner stated the facility does have a contract with this referral agency, and the placement fee depended on the client. The owner stated they paid \$750.00 for the referral of Client #1. They also had Client #2 referred in April, and they paid this facility for that placement. 12/13/10 during an interview with the office manager, for Facility #2. The office manager	K 022			

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K 022	Continued From page 2 stated Client #3 was referred to their facility from this referral. The office manager stated Facility #2 does not have a contract with with this referral agency, but they do reduce the first months rent by 1/2 so the client can pay the referral fee to this referral agency. Severity: 2 Scope: 2	K 022			
K 028 SS=C	NAC 449.27831 Contract for Services, Fees 1. Before a referral agency may provide any services to a client, the referral agency must obtain a written contract from the client or his legal representative to provide the services. The contract must: (a) Be signed by a representative of the referral agency and the person who is paying for the services or his representative. This Regulation is not met as evidenced by: Based on interview from 12/13/10 to 1/11/11, the facility was unable to provide evidence a contract was signed prior to placement for all clients who received services in 2010 due to staff not being able to access client files. (Refer to TAG Y0035) Severity: 1 Scope: 3	K 028			
K 033 SS=C	NAC 449.27831 Maintenance of Client Records 4. A referral agency shall maintain an organized file for each client that includes, without limitation: (a) A copy of the needs assessment and financial assessment completed by the referral agency for the client. A referral agency shall maintain its file of a client for at least 5 years at the place of business of the referral agency.	K 033			

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K 033	Continued From page 3 This Regulation is not met as evidenced by: Based on interview from 12/13/10 to 1/11/11, the facility was unable to provide evidence all clients who received services in 2010 had a needs assessment conducted due to staff not being able to access client files. (Refer to TAG Y0035) Severity: 1 Scope: 3	K 033			
K 035 SS=C	NAC 449.27831 Maintenance of Client Records 4. A referral agency shall maintain an organized file for each client that includes, without limitation: (c) Information outlining the process used by the referral agency for determining the appropriate referral of the client. A referral agency shall maintain its file of a client for at least 5 years at the place of business of the referral agency. This Regulation is not met as evidenced by: Based on interview from 12/13/10 to 1/11/11, the facility failed to have access to all client files from 2010 (the operator stated all client files from 2010 were locked in a desk drawer and the staff person with the key to the drawer was out of the country until the end of December). Severity: 1 Scope: 3	K 035			
K9999	Final Observation NRS 449.030 License required to operate or maintain facility or to operate program of hospice care. 1. No person, state or local government or agency thereof may operate or maintain in this State any medical facility or facility for the dependent without first obtaining a license therefor as provided in NRS 449.001	K9999			

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K9999	<p>Continued From page 4</p> <p><NRS-449.html> to 449.240 <NRS-449.html>, inclusive.</p> <p>NRS 449.0045 "Facility for the dependent " defined. "Facility for the dependent" includes: 5. An agency to provide personal care services in the home; and Based on record review and interview from 12/13/10 to 1/11/11, the facility was operating a facility for the dependant without a license (a personal care agency). Findings include: On 12/13/10, Employee #1 stated she was operating a personal care agency (PCA). Employee #1 stated she will assess clients and then provide them with a caregiver to meet their needs. Employee #1 stated she began operating the PCA approximately two years ago, and has fifteen employees. Employee #1 provided a tri-fold brochure documenting Akamai Senior services. The brochure documented the business was licensed, bonded and insured. The information documented the agency had personal care attendants available 24 hours a day 7 days a week to provide assistance with eating, bathing, dressing, grooming, toileting, mobility, meal preparation, housekeeping, laundry, medication reminders, pet/service animal care, companionship, escorting for out-of-home, activities and transportation. Severity: 2 Scope: 3</p>	K9999			

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